ADDITIONAL PROJECT APPROVAL FORM

Date: 07/01/2021 **Requesting Coalition:** X

Project Information

Project Title: One Day Regional Healthcare Coalition Conference

Project Description:

Region X will host a 1 Day Regional Healthcare Coalition Conference to engage response partners in healthcare system preparedness. 80% of attendees will indicate that the conference enhanced their knowledge of healthcare system preparedness as measured by a post-event survey.

Estimated Total Project Cost: $2500

- DETAILED PROPOSED PROJECT BUDGET MUST BE SUBMITTED WITH FORM -

Additional Information/Comments:

SAMPLE

SUBMIT COMPLETED FORM AND PROPOSED PROJECT BUDGET TO DPH (EPR.training@dph.ga.gov)

DPH Use Only | Received: _____ | ☐ Approved ☐ Denied

DPH Authorized Signature: _____ Date: _____

Comments:

AIRLINE TICKET REQUEST FORM

Date: 07/12/2021 **Requesting Coalition:** X

Requester (Your) Contact Information

Name: First Last

Phone Number: 123-456-7890

Email Address: first.last@coalitionsupport.com

Organization: Coalition Support

Conference/Meeting Attending: National Healthcare Coalition Preparedness Confernece

Ticket Information

Name (as shown on government ID used for check-in): First Middle Last

Date of Birth: 01/01/1980 Departure Airport: ATL (Atlanta)

Departure Date: 11/29/2021 Arrival Airport: MCO (Orlando)

Departure Time: ☒ Morning ☒ Afternoon ☐ Evening ☒ No Preference

Frequent Flyer Airline & #: Delta #1234567

TSA Pre✓ #: _____ Redress/Known Traveler #: _____

Luggage: ☐ Carry-On Only ☒ 1 Checked Bag ☐ 2 Checked Bags ☐ None

Return Trip Date: 12/03/2021

Return Trip Departure Time: ☒ Morning ☐ Afternoon ☐ Evening ☒ No Preference

While we cannot guarantee available selections, we will try to accommodate your selected preferences below:

Seat Preference: ☐ Aisle ☒ Window ☐ No Preference

Plane Location: ☒ Front of plane ☐ Back of Plane ☐ No Preference

Desired Flights *(If you have a specific desired flight(s) in mind, please list flight information below)*

Flight Number	Departure Airport	Airline	Departure Date	Departure Time	Arrival Time
DL2334	ATL (Atlanta)	Delta	11/29/2021	9:00am	10:36am
DL2425	MCO (Orlando)	Delta	12/03/2021	10:30am	12:10pm

Comments: ***BUDGET LINE ITEM:*** NHCPC Conference

Coalition Facilitator Signature: _____ Date: _____

Coalition Executive Signature: _____ Date: _____

SUBMIT COMPLETED FORM TO COALITION SUPPORT (coalitionsupport@uga.edu)

UGA Use Only | Received: _____ | Booked: _____ | Confirmation #: _____

SAMPLE

BUDGET ALLOCATION/REDIRECTION FORM

Date: 07/01/2021 **Requesting Coalition:** X **Requester:** First Last

Allocation/Redirection of Coalition Funding

An allocation/redirection of funds is needed for the following reasons:

- **Funds in original budget were put in as a placeholder.** A detailed budget justification must be provided. Use the budget template provided by GDPH. *(Note: The table below may or may not be needed.)*
- **Funds are being redirected from one category to another.** Complete the table below. Please note that the budget must not exceed the original authorized amount.

Budgeted Line Item to be Reduced	Budgeted Category to be Reduced	Original Awarded Line Item Budget Amount	Amount of Funds to be Reallocated	Category to Receive Reallocated Funds	Line Item to Receive Reallocated Funds
Generators	Equipment	$ 16,000.00	$ 2,500.00	Supplies	Emergency Lighting
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		TOTAL AMOUNT TO BE REALLOCATED	$ 2,500.00		

Provide a full, DETAILED justification as to why the reallocation is needed *(answer: WHO, WHAT, WHEN, WHERE, and WHY).* Attach additional pages as needed:
Desired flashlights (Pelican 3315) were more expensive than originally thought. To be able to order the desired number of units (1 per hospital within Region X), an additional $2,500 is needed in that line item.

Coalition Facilitator Signature: _____ Date: _____

Coalition Executive Signature: _____ Date: _____

SUBMIT COMPLETED FORM TO DPH (DPH-EPR-CoalitionSupport@dph.ga.gov)

DPH Use Only | Received: _____ ☐ Approved ☐ Denied

DPH Authorized Signature: _____ Date: _____

Comments: Budget Reallocation Tracking #: _____

SAMPLE

CONFERENCE REGISTRATION FORM

Date: 07/01/2021 **Requesting Coalition:** X

Requester (Your) Contact Information

Name: First Last

Phone Number: 123-456-7890

Email Address: first.last@coalitionsupport.com

Organization: Coalition Support

Conference Information

Conference Name: National Healthcare Coalition Conference

Conference Dates: November 30 - December 2, 2021

Conference Location: Omni Orlando Resort at Champions Gate, Orlando, FL

Conference Attendees:

Name:	Facility/Agency:
First Last	Coalition Support
First Last	Coalition Support
First Last	University of Georgia
First Last	University of Georgia

Comments:

BUDGET LINE ITEM: Out of State - NHCPC

Coalition Facilitator Signature: _____ Date: _____

Coalition Executive Signature: _____ Date: _____

SUBMIT COMPLETED FORM AND REGISTRATION RECEIPT(S) TO COALITION SUPPORT (coalitionsupport@uga.edu)

UGA Use Only | Received: _____

SAMPLE

EVENT FOLLOW-UP FORM

*(To be submitted with supporting documentation **AFTER** the event takes place)*

Agenda, Registration List, and Sign-In Sheet must be submitted with this form within 10 business days of event. Reimbursements and invoices (as applicable) should also be included in this submission.

Date: 07/01/2021 **Coalition:** X

(Your) Contact Information

Name: First Last

Phone Number: 123-456-7890

Email Address: first.last@coalitionsupport.com

Organization: Coalition Support

Event Information

Event Name: Basic Disaster Life Support Training

Event Date: 07/01/2021

Start Time: 8:00am End Time: 5:00pm

Event Location: Coalition Support Office - Athens, GA

Pre-Registered #: 45 Actual Attendance: 20

Payment Information

What/who is Coalition Support paying?

- ☐ Facility (*Name:* _____)
- ☑ Catering (*Name:* Chick-fil-A Athens)
- ☑ Instructor (*Name:* National Disaster Life Support Foundation)
- ☐ Other: _____

BUDGET LINE ITEM(s): Other - Food for Trainings; Contractual & Speakers - BDLS

Additional Information/Comments/Catering Number Justification:

Coalition Facilitator Signature: _____ Date: _____

Coalition Executive Signature: _____ Date: _____

SUBMIT COMPLETED FORM AND SUPPORTING DOCUMENTATION TO COALITION SUPPORT (coalitionsupport@uga.edu)

(Supporting Documentation includes Agenda, Registration List, Sign-In Sheet, and any invoices/reimbursements)

UGA Use Only | Received: _____ | Support Docs Included: ☐ Agenda ☐ Registration List ☐ Sign-In Sheet

SAMPLE

EVENT LOGISTICS FORM

(To request UGA IDM to handle logistics of obtaining and/or paying for space and/or catering for a meeting or training)

Date: 07/01/2021 **Requesting Coalition:** X

Requester (Your) Contact Information

Name: First Last

Phone Number: 123-456-7890

Email Address: first.last@coalitionsupport.com

Organization: Coalition Support

Event Information

Event Name: Basic Disaster Life Support Training

Event Date: 07/01/2021

Start Time: 8:00am End Time: 5:00pm

Desired Meeting Location: Coalition Support Office - Athens

Approx. Attendance: 45 Estimated Cost: $7500

Do you want to use TRS for event registration? ☒ Yes ☐ No

What does Coalition Support need to arrange?: ☐ **Location** ☒ **Catering** ☐ **Instructor** ☐ **Other:** _____

Set-Up Type: ☐ Chairs Only (Lecture Style) ☐ Tables & Chairs (All facing front) ☐ Round Tables/Chairs ☐ Other

Other Set-Up Type: _____

Do you need any equipment for your meeting/event? _____

Will there be food at this event? ☒ Yes ☐ No If yes, what type: ☐ Breakfast ☒ Lunch ☐ Other

Preferred caterer – Name: Chick-Fil-A

Catering Location: 196 Alps Rd, Athens Catering Phone Number: 706-613-7115

Delivery/Catering Set Up Time: 11:45am

Point of Contact for Delivery Name: Kelli McCarthy Point of Contact Phone Number: 706-224-1035

BUDGET LINE ITEM(s): Other - Food for Training

Coalition Facilitator Signature: _____ Date: _____

Coalition Executive Signature: _____ Date: _____

SUBMIT COMPLETED FORM AND MENU SELECTIONS FOR CATERING TO COALITION SUPPORT (coalitionsupport@uga.edu)

UGA Use Only | Received: _____ | Booked: _____ | Confirmation #: _____

SAMPLE

INVOICE FORM

*To be used for invoices that are **NOT** associated with a meeting or training (e.g. consultants <$2,500, warehouse rental, etc.)*

Date: 07/01/2021 **Requesting Coalition:** X

Requester (Your) Contact Information

Name: First Last

Phone Number: 123-456-7890

Email Address: first.last@coalitionsupport.com

Organization: Coalition Support

Title: Project Manager

Vendor Information

Name or Company/Organization: Sunny Day Landscaping

Street Address: 123 Main Street

City: Anywhere Zip Code: 12345

Vendor Point of Contact Name: John Smith

Vendor Point of Contact Phone Number: 098-765-4321

Vendor Point of Contact Email Address: john.smith@sunnyday.com

UGA Vendor Number: VN0123456

Invoice Description

Date	Vendor Name	Invoice Description	Budget Line Item	Total Expense *(attach invoice)*
07/01/2021	Sunny Day Landscaping	Warehouse Lawn Maintenance	Warehouse Maintenance	$50.00
08/01/2021	Sunny Day Landscaping	Warehouse Lawn Maintenance	Warehouse Maintenance	$50.00
				$

TOTAL INVOICE DUE: $ 100.00

Comments:

Coalition Facilitator Signature: _____ Date: _____

Coalition Executive Signature: _____ Date: _____

SUBMIT COMPLETED FORM AND INVOICE TO COALITION SUPPORT (coalitionsupport@uga.edu)

UGA Use Only | Received: _____ | Expense Statement Created: _____

SAMPLE

PURCHASE ORDER FORM

Date: 07/01/2021 **Requesting Coalition:** X

Requester (Your) Contact Information

Name: First Last

Phone Number: 123-456-7890

Email Address: first.last@coalitionsupport.com

Organization: Coalition Support

Delivery Information

Name of Receiving Facility/Agency: Coalition Support

Street Address: 105 Bowstrom Road

City: Athens Zip Code: 30602

Facility Point of Contact Name: Kelli McCarthy

Facility Point of Contact Phone Number: 706.224.1035

Purchase Description

	Quantity	Item Description	Vendor	Item Number	Budgeted Amount	Budget Line Item Assigned
1.	10	Stop The Bleed Kits	North American Rescue	80-0452	600.00	Stop the Bleed Kits
2.	4	Pelican 3315 Flashlights	Grainger	20LN67	250.00	Emergency Lighting
3.	1	Laminating Pouches (200/pk)	Staples	2438163	60.00	General Office Supplies
4.						

Additional lines needed?: ☐ Yes ☒ No *(If yes, please also submit additional items sheet.)*

If actual cost is less than budgeted amount, would you like to: ☒ Spend all budgeted amount ☐ Buy additional # of units: ___

PLEASE SUBMIT QUOTE OR PROVIDE URL/IMAGE OF REQUESTED ITEM(S)

Comments:

Coalition Facilitator Signature: _____ Date: _____

Coalition Executive Signature: _____ Date: _____

SUBMIT COMPLETED FORM TO COALITION SUPPORT (coalitionsupport@uga.edu)

UGA Use Only | Received: _____ | Ordered: _____ | PO#: _____ | All Items Received?: _____

SAMPLE

PURCHASE ORDER FORM | ADDITIONAL ITEMS

	Quantity	Item Description	Vendor	Item Number	Budgeted Amount	Budget Line Item Assigned
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

SAMPLE

PLEASE SUBMIT QUOTE OR PROVIDE URL/IMAGE OF REQUESTED ITEM(S)

Comments:

Coalition Facilitator Signature: _____ Date: _____

Coalition Executive Signature: _____ Date: _____

SUBMIT COMPLETED FORM TO COALITION SUPPORT (coalitionsupport@uga.edu)

UGA Use Only | Received: _____ | Ordered: _____ | PO#: _____ | All Items Received?: _____

REIMBURSEMENT FORM

Date: 07/01/2021 **Requesting Coalition:** X

Requester (Your) Contact Information

Name: First Last

Phone Number: 123-456-7890

Email Address: first.last@coalitionsupport.com

Organization: Coalition Support

Title: Project Manager

UGA Vendor Number: VN1234567 - Coalition Support Medical Center

Date	Expense Description	Budget Line Item	Total Expense *(attach receipt)*
07/01/2021	Meeting Space for Quarterly Coalition Meeting	Other - Meeting Space	$ 200.00
07/01/2021	Breakfast for Quarterly Coalition Meeting	Other - Food for Meetings	$ 123.45
07/01/2021	Lunch for Quarterly Coalition Meeting	Other - Food for Meeting	$ 345.67
			$
			$
			$
			$
			$

TOTAL REIMBURSEMENT REQUESTED: $ 669.12

WHO IS BEING REIMBURSED? Coalition Support Medical Center - VN1234567

NOTE: Individual reimbursements CANNOT exceed $499.99

(this does not include travel expenses or conference registration fees)

Comments:

Coalition Facilitator Signature: _____ Date: _____

Coalition Executive Signature: _____ Date: _____

SUBMIT COMPLETED FORM AND ZERO BALANCE RECEIPTS TO COALITION SUPPORT (coalitionsupport@uga.edu)

UGA Use Only | Received: _____ | Expense Statement Created: _____

SAMPLE

TRAINING COURSE FORM

For Training Registration System (TRS)

Date: 07/01/2021 **Requesting Coalition:** X

Course Information

Course Name: Basic Disaster Life Support

Offered By: Region X Healthcare Coalition

Location: TBD

Can be TBD if UGA is handling venue logistics

Building/Room: _____

Primary Instructor: _____

Training Description:
BDLS is a seven hour competency-based, awareness-level course that introduces concepts and principles to prepare health professionals for the management of injuries and illnesses caused by disasters and public health emergencies.

Gaps, Risks, and/or Corrective Actions Addressed: Member identified gap

Course Options

- ☒ Advertise
- ☒ Allow Self Registration
- ☐ Require Registration Approval
- ☐ Generate Evaluations
- ☐ Exclude participant counts from course advertisement
- ☐ Automatic Waitlist Handling
- ☒ Generate Certificates

Registration Open Date: 07/01/2021

Maximum Number of Participants: 30

Anticipated Course Cost(s): $6000.00

Course Schedule

Day 1	Date: 07/01/2021	Start/End Times: 8:00a - 5:00p
Day 2	Date:	Start/End Times:
Day 3	Date:	Start/End Times:
Day 4	Date:	Start/End Times:
Day 5	Date:	Start/End Times:

Additional Information/Comments:

SUBMIT COMPLETED FORM TO DPH (EPR.training@dph.ga.gov)

DPH Use Only | Received: _____ | Entered into TRS: _____
DPH Authorized Signature: _____ Date: _____
Comments:

SAMPLE

TRAINING COURSE REALLOCATION

(To Request Training NOT Currently In Budget)

Date: 07/01/2021 **Requesting Coalition:** X

Training Information

Training Name: Tatical Emergency Casualty Care

Dates of Training: August 3-5, 2021

Location: Coalition Support Medical Center

Training Description:
TECC uses lessons learned from our military and applies them to the civilian world of tactical medicine. This 3 day 24H course covers topics designed to decrease preventable death in the tactical situation. TECC focuses on medicine during three distinct phases of care: Direct Threat Care, Indirect Threat Care, Evacuation; and provides guidelines for managing trauma in the civilian tactical or harardous environment.

HPP Capability: Capability 1 HPP Capability Objective: Objective 4

HCC Associated Work Plan Project: Project 1: Community Healthcare Delivery

Gaps, Risks, and/or Corrective Actions Addressed: Response of Fire/EMS and Law for response to active threats

How was gap identified?: AAR/IP of an Exercise

Target Audience: Fire, EMS, Law Enforcement

Target Number to be Trained: 24

Fund Reallocation

Budgeted Line Item to be Reduced	Budgeted Category to be Reduced	Original Awarded Line Item Budget Amount	Amount of funds to be Reallocated to Requested Training
Generators	Equipment	$16000.00	$9000.00

Additional Information/Comments:

SAMPLE

SUBMIT COMPLETED FORM TO DPH (EPR.training@dph.ga.gov)

DPH Use Only | Received: _____ | Entered into TRS: _____
DPH Authorized Signature: _____ Date: _____
Comments:

TRAVEL REIMBURSEMENT FORM

Date: 07/01/2021 **Requesting Coalition:** X

Traveler (Your) Contact Information

Name: First Last

Phone Number: 123-456-7890

Email Address: first.last@coalitionsupport.com

Organization: Coalition Support

Work Address: 105 Bowstrom Road, Athens, GA 30602

Title: Project Manager

UGA Vendor Number: VN1234567

Trip Information

Dates of Trip: July 1-3, 2021

Purpose of Trip: Attend training course at GPSTC in Forsyth, GA

Departed From: ☒ Home ☐ Work _____ Returned To: ☒ Home ☐ Work

Home Address *(for mileage calculations)*: 123 Main Street, Athens, GA 30606

★ ***BUDGET LINE ITEM***: In-State Travel - Coalition Member Training

Travel Date(s)	Departure Time	Arrival Time	Location	Lodging Expenses *(attach receipt)*
07/01/2021	6:00am	7:30am	GPSTC - Forsyth, GA	106.34
07/02/2021			GPSTC - Forsyth, GA	106.34
07/03/2021	5:00pm	6:30pm	GPSTC - Forsyth, GA	

Please note, per diem meal reimbursement amounts will be calculated based on departure time(s) and location(s) visited. For details on amounts, please reference the Travel Reimbursement section of the Georgia Healthcare Coalition Handbook.

Other Expenses (e.g. taxi fares, registration fees, etc.)? ☒ YES: $50 *(Please complete Other Expenses page)* ☐ NO

DO NOT include mileage and per diem as line items

Comments:

Coalition Facilitator Signature: _____ Date: _____

Coalition Executive Signature: _____ Date: _____

SUBMIT COMPLETED FORM AND RECEIPTS TO COALITION SUPPORT (coalitionsupport@uga.edu)

UGA Use Only | Received: _____ | Travel Expense Statement Created: _____

SAMPLE

TRAVEL REIMBURSEMENT FORM | OTHER EXPENSES

Date: 07/01/2021 **Traveler's Name:** First Last

Travel Date(s)	Other Expense Description	Total Expense *(attach receipt)*
07/01/2021	Course Registration Fee	$50.00
		$
		$
		$
		$
		$
		$
		$
		$
		$

OTHER EXPENSES TOTAL: $50.00

Comments:

Coalition Facilitator Signature: _____ Date: _____

Coalition Executive Signature: _____ Date: _____

SUBMIT COMPLETED FORM AND RECEIPTS TO COALITION SUPPORT (coalitionsupport@uga.edu)

UGA Use Only | Received: _____ | Travel Expense Statement Created: _____

SAMPLE

VENDOR REQUEST FORM | ORGANIZATION

(To request an organization be added as a new vendor in the UGA database)

This does not register the supplier in the UGA Vendor System. UGA IDM will contact the organization to register at suppliers.uga.edu.

Date: 07/01/2021 **Requesting Coalition:** X

Requester (Your) Contact Information

Name: First Last

Phone Number: 123-456-7890

Email Address: first.last@coalitionsupport.com

Organization: Coalition Support

Vendor Information

Name of Vendor: Sunny Day Landscaping

Street Address: 123 Main Street

City: Anywhere Zip Code: 12345

Vendor Point of Contact Name: John Smith

Vendor Point of Contact Phone Number: 098-765-4321

Vendor Point of Contact Email Address: john.smith@sunnyday.com

SAMPLE

SUBMIT COMPLETED FORM TO COALITION SUPPORT (coalitionsupport@uga.edu)

UGA Use Only | Received: _____ | Processed: _____ | Vendor #: _____